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CONFIRMATION NO. 2623

Bib Data Sheet

SERIAL NUMBER 10/657,887	FILING DATE 09/09/2003 RULE	CLASS 141	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. BAUTISTA/GOODELL #2
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APPLICANTS

Anthony Bautista, Sacramento, CA;

Brian Goodell, Brentwood, CA;

** CONTINUING DATA ***** *DM*

** FOREIGN APPLICATIONS ***** *DM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	Verifying and Acknowledged <i>DM</i> Examiner's Signature Initials			

ADDRESS

THOMAS R. LAMPE
Bielen, Lampe & Thoeming
Suite 720
1990 N. California Blvd.
Walnut Creek, CA
94596

TITLE

Device for receiving saliva expectorated by a tobacco chewer

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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